DOCUMENT RESUME

ED 443 314 HE 033 069

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TITLE Changing Attitudes toward People with Mental Retardation: Effects of Extended Contact within a Changing Social Context.
PUB DATE 1999-04-18
NOTE 17p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Albuquerque, NM, April 15-18, 1999).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Attitude Change; College Students; Empowerment; *Experiential Learning; Higher Education; *Mental Retardation; Prior Learning; *Service Learning; *Student Attitudes

ABSTRACT

This study hypothesized that students in a course on mental retardation (MR) who had had extended contact with retarded people would achieve more favorable attitudes toward mental retardation than students without similar contact. Students enrolled in a Psychology of Mental Retardation class were randomly assigned to a control group (n=29) or an experimental group (n=59); a group of business students (n=64) served as a second control group. All students provided demographic information and completed a community living attitude scale, that measures four attitudes (empowerment, exclusion, sheltering, similarity) toward people with MR, at the beginning and end of the semester. Experimental students completed 20 hours of community service with people with MR and kept reflective journals. The study found no between-group pretest differences between experimental and control groups; however, differences were noted between those selecting the MR course and those in the business course (those selecting the MR course had had more interaction, scored higher on the empowerment and similarities scales, and lower on the exclusion scale). Students' previous school experiences with people with MR did not predict attitudes or attitude change. However, previous experience with mentally retarded people did predict posttest results for control group students, with those having the least experience reporting higher exclusion scores. (Contains 29 references.) (SM)

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Changing attitudes toward people with mental retardation: Effects of extended contact within a changing social context

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Poster presented at the Biennial Meeting of the Society for Research in Child Development, Albuquerque, New Mexico, April 15-18, 1999.

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Introduction

The purpose of this study was to determine the effects of providing a service learning experience on attitude and concept change with regard to people with mental retardation among college students training in education and the human services professions. Policy regarding the placement of children with mental retardation in public schools has changed radically over the past 25 years. The Regular Education Initiative, a philosophy that promotes inclusion of children with special needs in the regular school systems, has led to federal legislation regarding their inclusion in the public schools. Since the passage of PL94-142 in 1975, increasing numbers of children with special needs have received educational services in the public school and in many cases in regular classroom settings. While people with mental retardation represent less than 2% of the total population, the Regular Education Initiative has increased the likelihood that all children will have some contact with people with mental retardation during their school years. Among the expected results of the Initiative was increased acceptance of students with disabilities by their peers. Research on inter-group attitudes across ethnic boundaries indicates that positive experiences with out-groups leads to improved attitudes toward that group (Masson & Verkuyten, 1993).Research on inter-group attitudes between children with and without retardation indicate a lack of acceptance on the part of non-disabled children (Rothlisberg, Hill & D'Amato, 1994; Brewer & Smith, 1989). The key difference here appears to be that "positive experience" is required.

A theoretical basis for understanding the kinds of attitude change considered here has been proposed by Langer (1989) in her theory of "mindfulness." People change their understandings of concepts based on their becoming mindful of them. Too often, Langer

claimed, people exhibit "mindlessness" toward many concepts. Concept formation involves three stages: identifying information relevant to a problem, grouping information on the basis of some similarity, and developing categories and labels for the groups (Taba, 1966). With regard to mental retardation, this process is identifying the construct of mental retardation and then grouping subsequent information in enough detail to form groups of categories without simply stereotyping. The general public holds a position of mindlessness toward those with mental retardation. However, once someone has contact with a person who is different, one becomes mindful. Differences lead to categorizations that initially are mindful; however, subsequent determinations such as stereotypes reflect a return to mindlessness. Stereotypes are what Langer called, "premature cognitive commitments" or making judgements without enough information and reflection. Contact alone has not resulted in attitudes conducive to social integration for people with mental retardation (Pittock & Potts, 1988). Only continued mindfulness toward people with mental retardation can eliminate stereotypical thinking and lead to a full appreciation of their complexity as human beings. This full appreciation recognizes gifts as well as limitations and represents a reduction in stereotypical thinking.

In addition to changes in public policy, trends in service provision toward those with mental retardation have also changed over the past two decades. Earlier trends toward normalization and social valorization have been successful and currently advocates are promoting self-determination. Normalization and social valorization philosophies promoted that people with mental retardation should be treated as normally as possible and that they should be valued members of the society. Self-determination advocates that people with mental retardation have basic human rights to make choices

about their lives. This new trend challenges the care-taking model, and sets as the standard the accommodation of choices made by people with mental retardation, i.e., honoring choices that they make about their lives.

Research on changing attitudes toward handicapped individuals has resulted in mixed reactions to a variety of conditions (Donaldson, 1980). Reese, Spreen, & Harnadek (1991) cited inconsistent results in a number of studies on effects of direct contact, effects of instruction and effects of changing public awareness on attitudes toward mental retardation. They reported that direct experiences were beneficial in improving attitudes toward people with mental retardation. However, direct contact and educational experience do not always lead to improved attitudes (Pittock & Potts, 1988; Kobe & Mulick, 1995) and in many cases effects of contact are confounded with courses in Mental Retardation.

Service experiences have been demonstrated to improve self-esteem and self-confidence (Osborne, Penticuff & Norman, 1997), problem-solving skills (Conrad& Hedit, 1980, 1982), and identity construction (Youniss, McLellan & Yates, 1997) among those providing service. Research regarding the influence of service on attitude change with respect to the population of people with mental retardation has been limited. The only study on service and mental retardation was concerned with specific relationships developed between nondisabled young adults and their peers with mental retardation (Green, Schleien, Mactavish & Benepe, 1995). Change in attitudes toward people with mental retardation were not assessed.

A central hypothesis for this study is that students in a course on mental retardation and having extended contact with people with mental retardation would result

in college students' achieving attitudes more favorable toward those with mental retardation than those students in the same course but without the extended contact. This is expected particularly in light of the current philosophy and trends in service toward people with mental retardation. Specifically, the attitudes developed would be those that would recognize the rights of people with mental retardation to make their own decisions and to view them as more similar than dissimilar to themselves. Attitudes would also be those that discourage the segregation of people with retardation from the rest of the population. In addition, students would report increased confidence in their abilities to work with people with mental retardation and report decreased social distance.

Methods

Subjects

Students enrolled in a Psychology of Mental Retardation class were randomly assigned (by section) to a Control (MR course, no service experience) group (N=29, 25 female; 4 male) or an Experimental (MR course and service experience) group (N=59, 51 female; 8 male). Students enrolled in Fundamentals of Management and Marketing served as an additional ControlB (No MR course, no service experience, N=64, 32 female; 32 male). Since students could not be randomly assigned to courses, this group was included to account for any bias associated with those who voluntarily chose to take a course in Mental Retardation.

Measures

The demographic information collected from all Ss included amount of previous experience with people with mental retardation, kinds of experience, classes taken on similar topics, and grade point average (GPA).

All Ss completed Form A of the Community Living Attitude Scale (CLAS-MR) at the beginning of the semester and Form B of the same Scale at the end of the semester. The CLAS:MR is a 40-item scale which measures attitudes related to community inclusion. The CLAS: MR has demonstrated internal consistency (.75 to .86), retest reliability (.70 to .75 at one month), and construct validity with samples of both college students and community members (Henry, Keys, Jopp,& Balcazar, 1996). Henry and others (1996) also reported that the subscales were relatively free of social desirability bias. This scale provides measures of four attitudes toward people with mental retardation: *empowerment, exclusion, sheltering and similarity* sub-scales. *Empowerment* describes a view that persons with mental retardation should have a voice in decision-making that affects their lives. *Exclusion* describes a view that persons with mental retardation should be segregated from community life and takes a negative, or fearful, tone. *Sheltering* describes a view that persons with mental retardation should be segregated from community life for their own protection, thus taking a more positive tone than the *Exclusion* scale. *Similarity* describes the extent to which respondents perceive those with mental retardation to be basically like themselves in such areas as life goals and basic human rights.

Reports from pilot test subjects who completed the CLAS-MR indicated that a more specific level of mental retardation would have been a more valid measure of their

attitudes. Therefore, all Ss completed a Confidence Scale which reflected their self-reports regarding abilities to work and interact with people with mild, moderate, and severe levels of retardation. The Confidence Scale was a ten-item questionnaire using a 7-point Likert Scale for students to rate how comfortable they felt interacting with, working with and teaching people with three levels of retardation. Subjects also completed pre- and posttest measures of social distance for three levels of mental retardation. Social distance was a measurement of self-reported comfort in a variety of situations ranging from simple to complex interactions with people with three levels of mental retardation, mild, moderate and severe. The Confidence Scale and the Social Distance Scale were pilot measures with no evidence of validity or reliability at this time.

Overview of Procedures

Subjects in the Experimental group were required to complete 20 hours of community service with people with mild to profound levels of mental retardation over a ten-week period. The Control group was given a traditional assignment on a topic covered in both Experimental and Control classes that would take an equivalent amount of time (20 hours) to complete. All other aspects of the course were held constant. All measures used were given in pre- and posttest forms to control for any initial group differences.

Subjects in the Experimental group were assigned to one of three participating agencies that provide services to children and adults with mental retardation. Ss worked in classrooms, day treatment programs, and community group homes. Ss worked with the same individual or small group for two hours each week for ten weeks. Ss kept a guided reflective journal that was reviewed weekly by the class professor.

Results

No between group differences were found at pretests for the Experimental and Control groups (all CLAS subscales, confidence scales, social distance scales). No between group differences were found based on demographic information related to amount and kinds of previous experiences or GPA.

Differences were noted at pretests between the Experimental/Control groups and the ControlB (between those selecting a course in mental retardation and those not selecting to take the course). Ss opting for the course had more previous interaction ($t=2.915$, $df= 150$, $p<.004$), scored higher on scales of *Empowerment* ($t=2.261$, $df =150$, $p<.025$) and *Similarities* ($t=3.522$, $df=150$, $p<.001$) and lower on scales of *Exclusion* ($t=-3.901$, $df= 150$, $p< .0001$). Controlling for gender, significant differences were still found between groups for *Exclusion*, *Similarity*, and amount of previous interaction.

For the total population of subjects, some independent variables seemed to act as moderators. There was a significant difference on the Exclusion subscale between subjects who had family members with retardation and those who did not, with family scoring lower on the Exclusion scale ($t=-2.059$, $df=150$, $p<.041$). Previous school experience did not serve as a moderator variable, nor did work or community experience.

[Insert Table 1 here]

Significant pre-post within group differences were found on scales of Empowerment and Exclusivity for both the Control ($t=-8.645$, $df=26$ $p < .0001$ and $t= -.091$, $df =26$, $p<.0001$) group and the Experimental ($t=-7.055$, $df=46$, $p<.0001$ and $t=-2.015$, $df=46$, $p=.05$) groups. Both groups indicated more positive attitudes toward Empowerment and increased Exclusivity. Results for Similarity and Sheltering showed

no change over the semester. Significant between group differences were found for the Experimental and Control groups on pre-post difference measures on the Exclusivity scale only, $F(1,72)=6.468$, $p=.013$. Both groups demonstrated increased scores on Exclusivity measures, with the Control group increasing significantly more than the Experimental group.

[Insert Tables 2 and 3 here.]

Significant pre-post differences between Control and Experimental groups were noted for measures of social distance, $F(1,62)=6.087$, $p=.016$ with Experimental group showing decreased social distance and increased confidence as measured by the Confidence Scale ($t=2.215$, $df=65$, $p<.03$).

Discussion

College students' past elementary and secondary school experiences with people with mental retardation do not predict attitudes or attitude change. However, amount of overall previous experience did predict posttest results on the *Exclusion* subscale for the Control group, with those having less previous experience reporting higher *Exclusion* scores. Quality and kinds of previous experiences within the school settings need to be more thoroughly investigated in order to provide the kinds of experiences that will lead to more positive attitudes.

As would be expected, those with family experiences are less likely to have attitudes that reflect *Exclusion*. That family members are not less likely to have attitudes toward sheltering or empowerment offers some insight to professionals in the field of developmental disabilities as to necessary education and support so that families feel

secure in promoting greater self-determination efforts for their members. Families may be limiting the choices of their members out of concern for their safety.

Students electing to take a course in Mental Retardation demonstrated more positive attitudes toward people with mental retardation than those taking Business classes. While this is not surprising, student change based on service then becomes more difficult to demonstrate. This may explain, in part, the relatively small changes in attitudes that were demonstrated in this study. Understanding the effects of service on students' attitudes for those who do not opt for such a course would be an important step in addressing the education and integration of people with mental retardation into the community.

Course instruction and content influence students' attitudes toward empowerment in a positive direction. As part of the course content, students are introduced to definitions of mental retardation, causes, levels of retardation, education methods for working with people with mental retardation, family issues of acceptance and supports, community issues of integration and acceptance and basic rights. Through in-class films and a media assignment students recognize the ways that people with retardation are portrayed in the general media and the range of accuracy of such productions.

These same variables have a negative effect on students' attitudes toward exclusion but this is mitigated by extended service experiences. Students discuss in class a wide variety of levels of retardation, and are exposed to these via class films and readings. However, students who complete the service learning have experiences with people with even more limitations than those shown in films. They also have an opportunity to see the strengths and abilities of people with retardation. Course content

emphasizes categorizations, and descriptions. Without opportunities to see these categorizations and descriptions in context, Exclusion results indicate that students seem to grow more concerned about how to actually interact with people with retardation. Positive statements and content are included in class and the results seen in Empowerment changes, however, these do not seem to be sufficient for influencing attitudes toward Exclusion. In some ways students in the Control groups may have been responding in more realistic fashion, moving away from what might be explained as "politically correct" initial responses after getting more information via the course. Students who had no previous contact at all with people with mental retardation tended to have slightly more positive scores on all issues compared to those with limited or moderate amounts of experience.

Measures of Confidence and Social Distance can be viewed speculatively. Analysis of responses indicates that differences were due to responses related to those with severe levels of retardation. Students who had direct experience with people with severe levels of retardation were more likely to feel confident about working with them and more comfortable interacting with them in the community.

The measures used in this study may contribute to its limitations. The CLAS does not allow for subjects to discriminate among levels of retardation; in effect it does not fully appreciate the variety of skills within the broader concept of retardation. The pilot scale results for confidence and social distance need further refinement before any real conclusions can be drawn. In addition, there are design limitations in that the primary researcher was also the course instructor and that random assignment to groups was impossible.

These results are interpreted in light of Langer's (1989) work on mindfulness and the development and change of stereotypical thinking. This study suggests that a course in Psychology of Mental Retardation created an initial mindfulness of an "other" group, as illustrated by gains in *Empowerment*, but also led to some stereotypical thinking about the group seen in *Exclusion* scales. Only those who had rich experiences with people with mental retardation were able to maintain a mindful position recognizing that they had no need to fear this group and that the people with whom they worked had capabilities in addition to the cognitive limitations that define mental retardation.

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Table 1. Summary Table for Previous Sources of Contact with People with Mental Retardation by Majors

	Human Services (N=88)		Business (N=54)		Total (N=152)	
Sources of contact:	N	%	N	%	N	%
Classmates	26	29.5	17	31.4	43	28.3
Family member	21	23.9	8	14.8	29	19.1
Workplace	46	52.3	0	0	46	41.4
Community	40	45.5	0	0	40	39.5

Table 2. Descriptive Statistics for CLAS-MR for Control and Experimental Groups.

	N=27				N=47			
	Pre-Control		Post-Control		Pre-experimental		Post-Experimental	
CLAS subscales	M	SD	M	SD	M	SD	M	SD
Empowerment	4.28	.66	4.79	.48	4.11	.69	4.75	.52
Exclusion	1.57	.59	2.01	.52	1.49	.49	1.64	.48
Sheltering	3.07	.70	3.14	.51	3.02	.80	3.00	.53
Similarity	5.05	.43	5.01	.39	4.96	.42	5.00	.40

Table 3. ANOVA for CLAS-MR Across Treatment Conditions

		SSq	df	MSq	F	Sig
Empowerment	Between Groups	.299	1	.299	.857	.358
	Within Groups	25.170	72	.350		
	Total	25.470	73			
Exclusion	Between Groups	2.068	1	2.068	6.468	.013
	Within Groups	23.018	72	.320		
	Total	25.085	73			
Sheltering	Between Groups	.120	1	.120	.180	.672
	Within Groups	48.091	72	.668		
	Total	48.211	73			
Similarity	Between Groups	8.570E-02	1	8.570E-02	.441	.509
	Within Groups	13.999	72	.194		
	Total	14.085	73			